

Please carefully read and complete the required disclosure information below.
Thank you for your collaboration.

53rd Annual Meeting of the Association for European Paediatric and Congenital Cardiology
Sevilla, Spain 15-18 May 2019

What is Your Role(s) in this CME/CPD: (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Scientific/Education Planning Committee | <input type="checkbox"/> Invited Speaker/Faculty | <input type="checkbox"/> Session Moderator/Chair/Coordinator |
| <input type="checkbox"/> Poster/Oral Presenter | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Committee (CME, Research, other) |
| <input type="checkbox"/> Kenes Project Management & CME | <input type="checkbox"/> Other: _____ | |

Independence and Disclosure Requirements

Those in control of CME/CPD scientific/educational content must disclose the following:

- Financial or other relationships with a commercial interest producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients
- Pertains to both the individual participating and their spouse/partner
- Over the last 12 months

Conflict of interest resolution and disclosure to learners:

- If an individual refuses to disclose, they are disqualified from participating
- Disclosure information is reviewed and conflicts of interest resolved
- Disclosure information is made available to participants prior to the event
- Participants are asked to evaluate the objectivity and independence

The following must be free from the influence of a commercial interest:

- Identification of educational needs
- Determination of educational objectives
- Selection and presentation of content
- Selection of all persons and organizations controlling content
- Selection of educational methods
- Evaluation of the activity

Commercial Relationship(s) Disclosure

Do you and/or your spouse/partner have relationships with a commercial interest, as described above?

- No
 Yes, please specify:

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership/ Equity Position	Employee	Other (please specify)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Off-Label Product Use

Will you be presenting or referencing off-label or investigational use of a therapeutic product?

- No
 Yes, please specify:

Declaration and Signature

All contributions to the CME/CPD content must adhere to the following:

- Balance, independence, objectivity, and scientific rigor
- Recommendations involving clinical medicine based on the best available evidence, with references
- Scientific research cited conforms to standards and protocols accepted by the scientific community
- No recommendations made that are known to be ineffective or associated with dangers that outweigh benefits
- No promotional content of a commercial entity (includes product names, photos, logos, company names, etc.)
- Use of scientific/generic names; if necessary, trade names of several companies should be used
- No patient protected health information (patient information/videos appear with permission or have been de-identified)
- No acceptance of compensation for participation (financial or in-kind) from a commercial interest (North America only)

Presenters:

- Include disclosure slide and verbally disclose (including if nothing to disclose) at beginning of presentation
- Submit presentation in advance for peer review, if requested

Signature below confirms all requirements and that disclosure information provided is accurate, complete, and will be disclosed to participants.

First/Last Name (please print clearly)

Date

Signature